

TRENDS

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THE PREVENTIVE SERIES PART II:

The Mammography Benefit

About the Series...

Preventive care is an important factor in controlling rising health care costs. This series will highlight some of the preventive care services provided under the State Health Plan.

Breast cancer is the most common cancer found in women and the leading cause of cancer deaths in women between the ages of 40 and 55. Statistics show that a woman's risk increases with age as over three in four cases of breast cancer occur in women over age 50.

Since the survival rate im-

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State Health Plan per capita payments up 4.5% in 1998

Annual State Health Plan (SHP) claims payments per insured rose to \$1,616 in 1998, 4.5 percent higher than the \$1,546 posted in 1997. The growth in per capita payments is reflective of the growth in total payments. In 1998, the SHP made plan payments of \$525.7 million, up 7.4 percent from \$480.4 million in 1997. At the same time, total SHP insured lives grew by 4.7 percent to 325,347 lives during 1998 from 310,745 in 1997. Since 1990, per capita payments have increased by 89 percent.

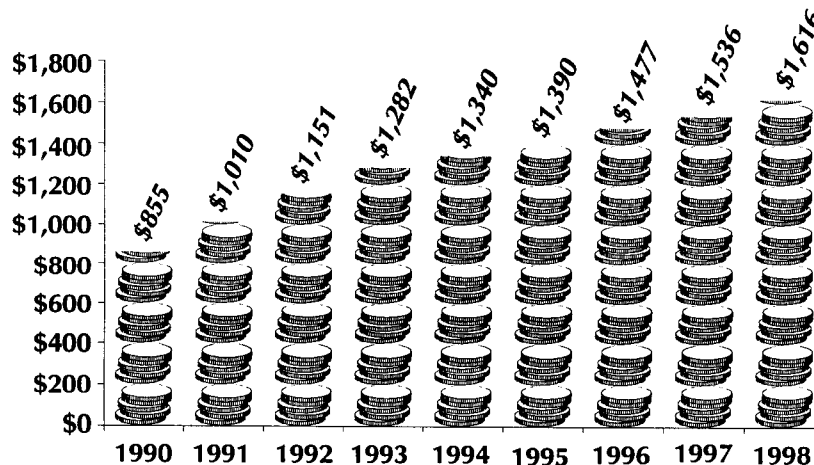
Subscribers and Dependents

About 67.9 percent of SHP 1998 claim payments were paid for subscribers. This group is composed of employees, retirees, dependent survivors of employees and retirees, as well as individuals with COBRA (continuation coverage as mandated by the Consolidated Omnibus Budget Reconciliation Act).

Subscribers' per capita payment average was higher than their dependents. Subscribers

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State Health Plan Annual Payment per Insured Person: 1990-1998



Per Capita Payments

Continued from page 1

posted a 1998 per capita payment average of \$1,960, up 5.2 percent from \$1,863 in 1997. Average subscriber enrollment climbed 4.7 percent to 182,219 in 1998 from 174,066 in 1997.

Subscriber dependents consist of their spouses and/or dependent children. In 1998, the average dependent 1998 per capita payment grew by 3.2 percent to \$1,178. Plan payments totaled \$168.7 million in 1998 for dependents. In 1997, the dependent per capita payment average was \$1,142 with plan payments totaling \$156.1 million.

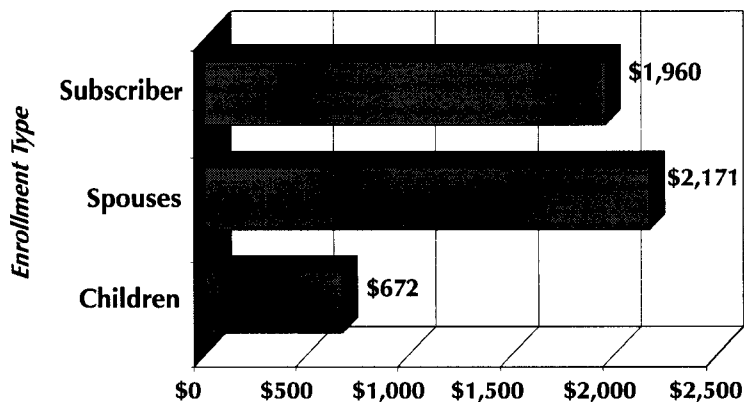
Per capita payment averages differed dramatically between dependent spouses and dependent children. Dependent spouses had a per capita payment average of \$2,171 in 1998, up 3.4 percent from \$2,099 in 1997. Spouses composed 20 percent of total 1998 SHP claims payments with \$105.0 million. Dependent children comprised 12.1 percent of 1998 claims payments with \$63.7 million. Dependent children's per capita claims payment was \$672 in 1998, only up 1.1 percent from \$664 in 1997.

The impact of spouses' per capita payment average on the dependent per capita payment average was lessened by the group's enrollment. Dependent children outnumbered dependent spouses by more than two to one (94,766 children to 48,362 spouses).

Disposition of Charges

The SHP had total charges of \$1.22 billion in 1998, up 13.3 percent from \$1.06 billion in 1997. Since 1995, the percentage of total

1998 SHP Per Capita Payments by Enrollment Type



charges the SHP has paid has dropped from 49.2 percent in 1995 to 43 percent in 1998. The remaining charges were paid through coordination of benefits and cost savings.

Coordination of Benefits

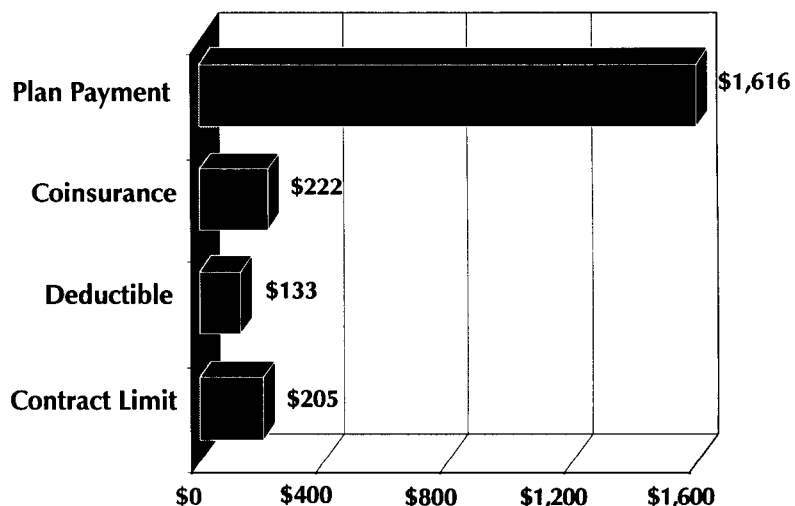
Coordination of benefits occurs when a subscriber is also covered under another group insurance program. In such cases, one group

plan will serve as the subscriber's primary carrier, paying its covered expenses first. The other carrier will be secondary, paying the remaining portion of its coverage limits. In 1998, \$313.0 million (25.6 percent of total charges) were paid through coordination of benefits (COB).

Medicare paid a total of \$290.9

Continued on page 3

1998 Average Amount Paid by Plan, Average Amount Shared with Each Insured



Per Capita Payments

Continued from page 2

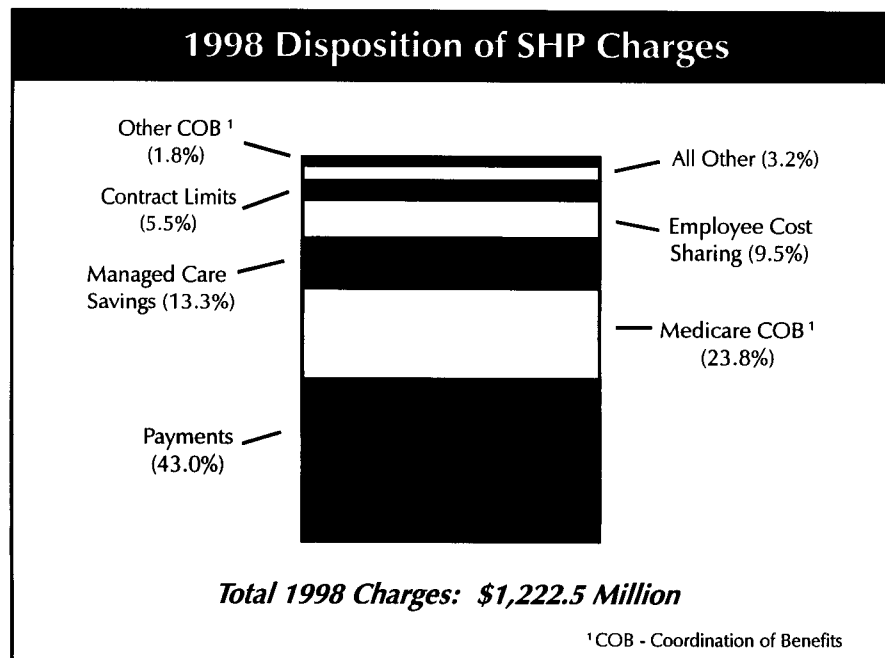
million through COB, up 13.1 percent from the \$252.3 million paid by Medicare through COB in 1997. Medicare is the primary carrier for retirees 65 and over, as well as persons approved by Social Security for disability retirement. With the exception of prescription drugs, Medicare pays the majority of a claim prior to the SHP processing an amount for payment. Prescription drugs are the exception to this process since Medicare does not provide benefits for them.

Other COB savings to the SHP besides Medicare totaled \$22.1 million. These savings were the result of group insurance plans (\$18.9 million), subrogation (\$1.9 million), workers' compensation (\$0.95 million), and Medicaid (\$0.25 million).

Managed Care Savings

The SHP saved \$162.5 million (13.3 percent of total charges) in 1998 through managed care savings. In 1997, savings from managed care made up 11.2 percent of 1997 total charges.

Professional payment reductions comprised \$79.5 million (48.9 percent of managed care savings). Reductions in professional payments grew by 33.9 percent from the \$58.3 million



posted in 1997.

The SHP saved \$75.7 million (46.6 percent of managed care savings) through hospital pricing policy savings. Pricing reductions from other providers contributed \$5.5 million (3.4 percent) in managed care savings. Pre-certification penalties saved \$1.0 million (0.6 percent of managed

care savings). Nonpayment of hospital room and board charges due to not obtaining pre-certification resulted in \$0.7 million (0.5 percent) in managed care savings.

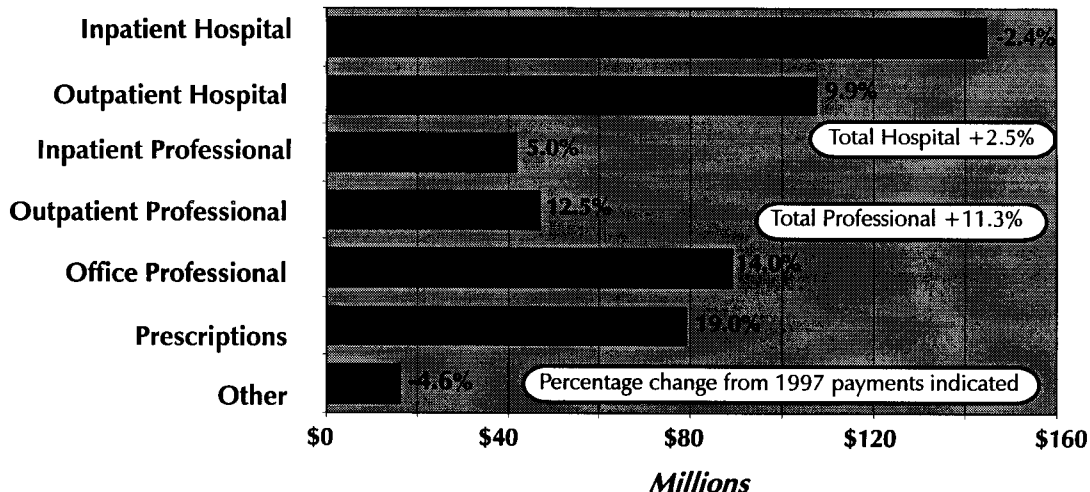
Employee Cost Sharing

The SHP saved \$116.5 million

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1998 SHP Claims Payment, by Service Type, Location

Total 1998 Payments: \$525.7 Million



Per Capita Payments

Continued from page 3

(9.5 percent of total charges) as a result of cost sharing with insureds. Most of these savings occurred as a result of insured coinsurance and deductible payments.

Insured coinsurance payments totaled \$72.1 million in 1998, or an average \$222 per insured. Insureds enrolled under the Economy Plan pay a 20 percent coinsurance rate for all claims after meeting an annual deductible of \$300 per insured or \$600 per family. Standard Plan insureds pay a 15 percent coinsurance rate once the annual deductible of \$200 per insured or \$400 per family is met. Insured deductible payments saved the SHP \$43.3 million in 1998, or an average \$133 per insured.

Disallowed Claims Savings

The SHP saved \$66.8 million (5.5 percent of total charges) through disallowed claims. This category includes charges disallowed due to non-covered services or dollar limits on certain services (\$39.6 million); charges for non-covered dependents, experimental services, or medically unnecessary services (\$17.2 million); preexisting conditions or waiting periods (\$8.5 million); and reductions for multiple surgical procedures performed through the same incision (\$1.6 million).

Category Payments

Hospital Payments

Hospital claims payments totaled \$252.4 million in 1998, an increase of 2.5 percent over the \$241.6 million paid in 1997. The increase is the result of a 9.9 percent rise in hospital outpatient payments which climbed to \$107.6 million in 1998 from \$96.0 million

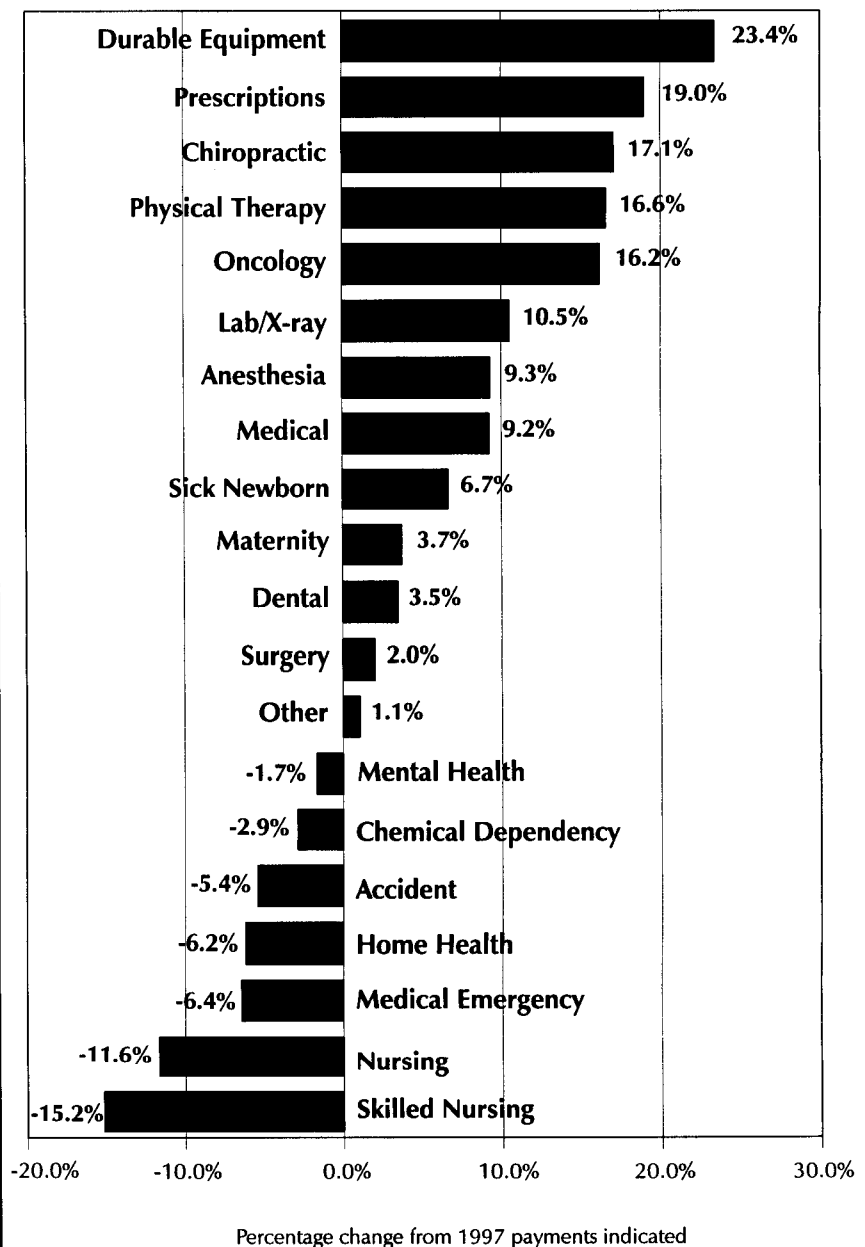
in 1997.

Hospital inpatient payments declined by 2.4 percent to \$144.8 million from \$145.6 million paid in 1997. This occurred despite of an 8.2 percent rise in inpatient admissions, which grew from 27,601 in 1997 to 29,852 in 1998.

Professional Payments

Professional payments totaled \$177.9 million in 1998. Payments for professional office cases made up 50.1 percent of professional payments with \$89.2 million, up 14 percent from the \$76.8 million paid

1998 State Health Plan Claims Payment by Detailed Service Type



Continued on page 5

Per Capita Payments

Continued from page 4

in 1997.

Professional outpatient payments composed 26.4 percent of professional payments. Outpatient payments rose to \$47.0 million from \$41.0 million in 1997, a 12.5 percent increase. Contributing to the increase in professional outpatient payments is the 11.3 percent rise in professional outpatient cases.

Professional inpatient payments grew by 5 percent to \$41.7 million in 1998 from \$39.0 million in 1997. Total professional inpatient cases rose 6.7 percent.

Prescription Drug Payments

Prescription drug payments continued to rise as they reached \$79.2 million in 1998. This 19 percent increase from the \$65.3 million the SHP paid for prescription drugs in 1997 is reflective of national prescription drug trends. Health plans are feeling the impact of rising drug prices as drug makers continue to bring new products to the market and drug development costs climb. Over 3.1 million prescriptions were filled in 1998 by SHP insureds while 2.8 million were filled in 1997. As a result, the average payment per prescription grew 6.8 percent to \$25.21 in 1998 from \$23.60 in 1997.

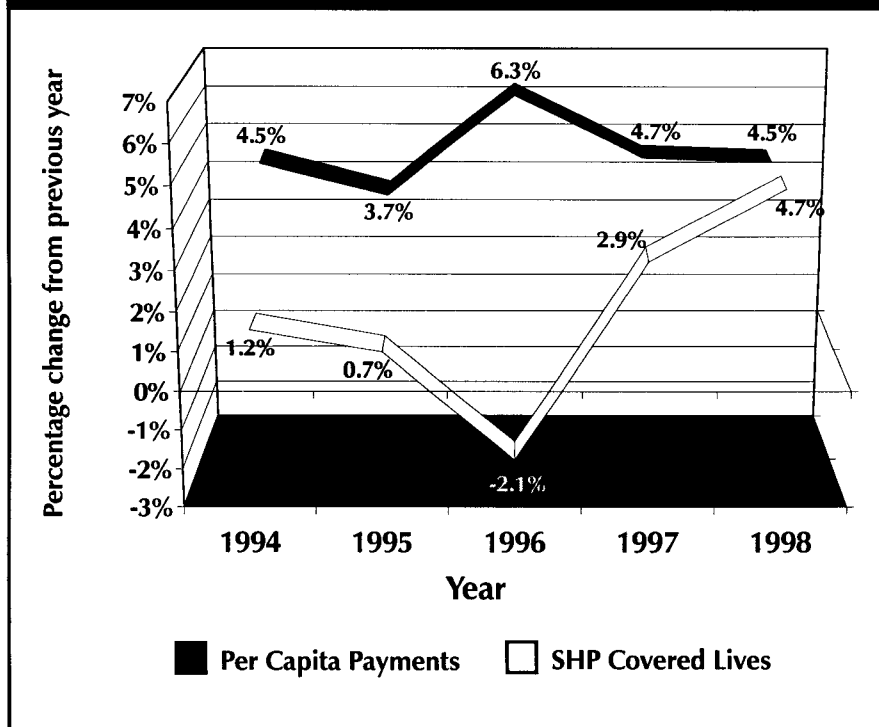
Other Payments

Other SHP payments made up 3.1 percent of total payments. The majority of these payments were for home health services (\$7.9 million), durable medical equipment (\$1.8 million), skilled nursing services (\$1.2 million), and SHP covered dental services (\$0.7 million).

Services Analysis

Hospital, professional, and other payments were combined to

Percentage Growth in SHP Per Capita Payments and Covered Lives



analyze service categories. In 1998, surgical services composed 37.0 percent of SHP payments with \$194.4 million. Medical services ranked second in payments with \$105.0 million, or 20.0 percent.

The majority of service categories saw an increase in dollar payments in 1998. Leading dollar growth were prescription drugs. Payments for prescription drugs grew by \$13.9 million, or 19 percent. Medical service payments increased \$10.7 million, or 9.2 percent.

Some service categories realized a decline in payments during 1998. Home health services had the largest dollar decline with a \$0.4 million, or 6.2 percent, drop to \$7.9 million from \$8.3 million in 1997. Skilled nursing services payments fell \$0.2 million, 15.2 percent, to \$1.2 million from \$1.4 million in 1997. Accident payments were down \$0.2 million, or

5.4 percent, to \$5.1 million from \$5.3 million in 1997.

As plan payment growth continues to outpace insured lives growth, the per capita payment average will rise. Since 1994, the per capita payment average has risen at an average annual rate of 4.7 percent. Cost savings and coordination of benefits will continue to play an important role in controlling SHP plan payments and insured costs.

Note: In calculating dollar growth rates for 1998, a technical adjustment was required. The Plan's claims administrator, Blue Cross and Blue Shield of South Carolina, produces the claims data from which Insurance Services staff prepare articles appearing in TRENDS.

In 1998, there were 53 weeks of claims data included in the reports used for TRENDS. Therefore, claims figures for 1997, with a typical 52 weeks, are not strictly comparable to those of 1998. To calculate "annualized" growth rates, we multiplied 1998 totals by 52/53 prior to determining the percentage of increase in 1998. ■

1999 State Health Plan Enrollment: Still Rising

Subscriber enrollment continued its annual rise while climbing 3.2 percent to 216,634 in February 1999 from 209,862 in February 1998. When combined with their dependents, a total of 383,824 lives were insured in 1999, a 3 percent increase from the previous year.

Coverage Options

Health insurance subscribers can choose from the State Health Plan (SHP), health coverage through one of the HMOs the state has contracted with, or, in some cases, MUSC Options. Of the total 216,634 subscribers, 86.3 percent chose the SHP. HMO enrollment comprised 13.2 percent of subscriber enrollment.

The State Health Plan

Subscribers enrolled under the SHP had their choice of the Economy Plan or the Standard Plan. The two plans differ by monthly premiums, annual deductibles, and co-pay percentages. The economy plan features an annual deductible of \$300 per individual or \$600 per

family and a 20 percent co-payment after the annual deductible is met. The standard plan features an annual deductible of \$200 per individual or \$400 per family and a 15 percent co-payment once the applicable annual deductible is met. A total of 187,002 subscribers enrolled under the SHP. The vast majority, 81.7 percent, of these subscribers chose the standard plan.

Approximately 56.5 percent (105,669 subscribers) of SHP subscribers enrolled in the subscriber only tier. The subscriber/child enrollment tier was second with 31,813 subscribers (17 percent of SHP subscribers). SHP enrollment under the subscriber/spouse tier totaled 25,864 subscribers (13.8 percent of SHP subscribers). The full family tier posted 23,513 subscriber enrollments (12.6 percent of SHP subscribers). Less than 1 percent of SHP subscribers (143) were enrolled under the child only tier. This tier is only available to survivor or COBRA subscribers.

MUSC Options

The State Budget and Control

Board approved the Medical University of South Carolina (MUSC) Options plan for 1999. The plan is a managed care program, known as a point-of-service plan (POS), designed to incorporate some beneficial features of HMOs and traditional indemnity plans. In its pilot year, active MUSC employees residing in Charleston, Dorchester, or Berkeley counties are eligible for enrollment.

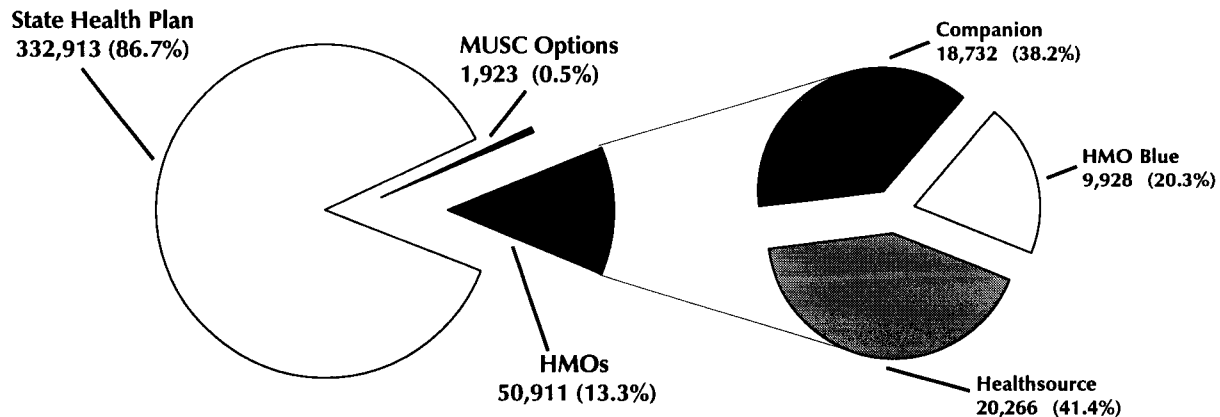
MUSC Options made up only 0.4 percent of subscriber enrollment in 1999 with 946 subscribers. A total of 1,923 individuals were insured under MUSC options in 1999.

HMO Options

Subscribers opting for HMO coverage totaled 28,686 (13.2 percent of subscribers). Subscribers could choose from either: Companion, Healthsource, HMO Blue, or Healthfirst depending upon coverage area and availability. Healthsource continued to be the number one choice of HMO subscribers with 41.3 percent

Continued on page 7

1999 State Group Total Insured Individuals



Note: The enrollment figures for Healthfirst (62, or 0.1% of HMO total) were too small to be represented in the illustration.

1999 Enrollment

Continued from page 6

(11,847 subscribers) of total HMO enrollments. Companion HMO had the second highest HMO enrollment with 10,690 subscribers (37.3 percent of HMO subscribers). HMO Blue ranked third in enrollment with 6,107 subscribers (21.3 percent of HMO subscribers).

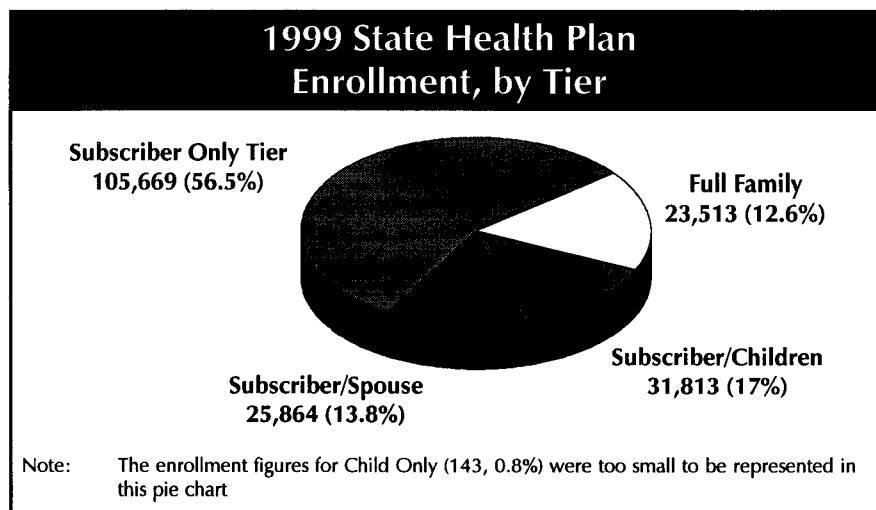
The Switch Is On

Coverage changes come with each enrollment period. In 1999, fewer subscribers made switches between health insurance programs 1999 than in 1998. A total of 3,647 subscribers (1.7 percent of total subscribers) made a health program switch between the SHP and other coverage options in 1999 while 4,438 subscribers (2.1 percent of total 1998 subscribers) made such switches in 1998.

In 1999, 1,120 SHP subscribers switched to one of the four HMOs while 634 subscribers switched to MUSC options; conversely, 1,893 HMO subscribers joined the SHP — a net gain to the SHP of 139 contracts.

Three other health programs experienced a net gain in 1999 contracts as a result of switches. The largest gainer was Companion who gained 912 contracts as a result of switches. A total of 1,543 subscribers switched to Companion while only 631 Companion subscribers switched to another program. Subscribers switching to Companion came from three programs: SHP (618 contracts); Healthsource (564 contracts); and, HMO Blue (361 contracts). Of those leaving Companion, 50.2 percent (317 contracts) switched to the SHP. Other contract gainers from switches were MUSC Options (896 contracts) and Healthfirst (37 contracts).

Three HMOs experienced a net



subscriber loss from switches in 1999. Hit hardest by switches was Healthsource, which recorded a net loss of 1,399 contracts from switches. Only 458 subscribers switched to Healthsource while 1,857 left the program. Over 54 percent (1,008 subscribers) of those leaving Healthsource switched to the SHP. Maxicare HMO, which was not offered in 1999, lost 337 contracts to switching while HMO Blue recorded a net loss of 248 contracts to switches.

Subscriber Grouping

Actives

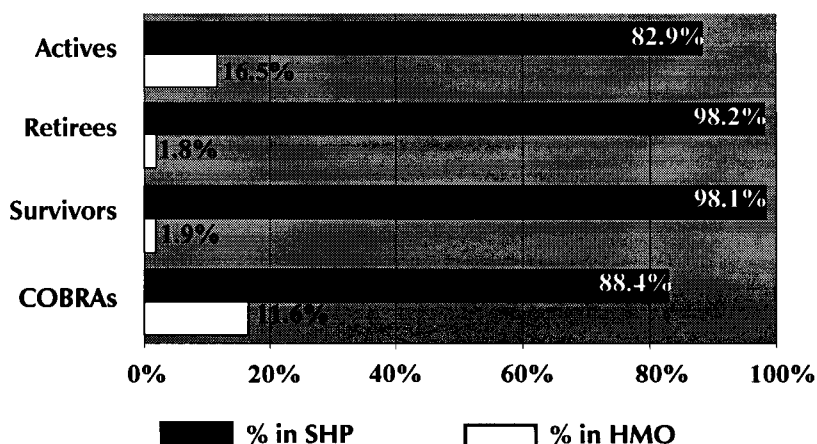
Active subscribers composed

the largest subscriber group, making up 77.4 percent (167,617 subscribers) of total subscribers insured by the state. Active enrollment grew by 2.8 percent from the 163,118 subscribers enrolled in 1997. The majority, 82.9 percent (139,037 subscribers), of active subscribers enrolled in the State Health Plan. Of the active SHP subscribers, 90 percent (125,096 subscribers) chose the standard plan.

HMO enrollment among active subscribers totaled 27,634 (16.5 percent of active subscribers).

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Division of Subscribers between SHP and HMOs, by Subscriber Type



1999 Enrollment

Continued from page 7

Healthsource had the highest HMO enrollment among actives with 11,305 subscribers (41 percent of active HMO subscribers). Companion HMO ranked second with 10,300 active subscribers (37.3 percent of active HMO subscribers).

More active subscribers enrolled in the subscriber only tier than any other. With a combined 88,512 subscribers, the subscriber only tiers of the SHP, HMO, and POS coverage options made up 52.8 percent of active subscriber enrollment. Tier groups allowing active subscribers to cover dependents totaled 79,105 (47.2 percent of active subscribers) active subscribers. The tier groups are: the subscriber/spouse tier (88,512 active subscribers); the subscriber/child tier (37,197 active subscribers); and, the full family tier (24,967 active subscribers).

Retirees

Up 4.6 percent, retiree subscribers composed 20.7 percent (44,822 subscribers) of total subscribers. An overwhelming majority of retiree subscribers, 98.2 percent, chose the SHP for coverage. The retiree only tiers of the SHP and

HMO coverage plans combined made up 72 percent of retiree enrollments with 32,268 subscribers. The only other tier with significant retiree enrollment was the retiree/spouse tier with 10,605 subscribers, or 23.7 percent of total retiree subscribers.

Of the 44,021 State Health Plan retirees, 30,418 (69.1 percent) were eligible for Medicare. These retirees can choose either the Medicare Supplement Plan or the Standard Plan. The Supplement Plan pays Medicare deductibles, coinsurance, and includes a prescription drug benefit. Benefits under the Standard Plan are determined by using the carve-out method in which the total combined payment by Medicare and the SHP is equal to the SHP payment for members who are not covered by Medicare.

In 1999, 56.8 percent (17,266 retirees) of Medicare-eligible retirees were enrolled in the Medicare Supplement Plan. The remaining Medicare-eligible retirees were enrolled in the Standard Plan.

Survivors

Survivor subscribers totaled 2,422 in February 1999, up 9 percent from February 1998. The

group made up 1.1 percent of total subscribers. Approximately 98.1 percent (2,377 subscribers) of survivor subscribers enrolled under the SHP. Most survivors, 1,712, were equal to or above age 65. The group consisted of the surviving spouse (2,172 subscribers), surviving spouse/child (122 subscribers), and surviving child only (128 subscribers) tiers.

COBRA

COBRA subscribers are eligible for coverage under the guidelines established by the Consolidated Omnibus Budget Reconciliation Act (COBRA). Under this federal law, employers are required to offer covered employees and covered family members the opportunity for a temporary extension of health and/or dental coverage at group rates when such coverage would otherwise end due to a qualifying event. A total of 1,773 subscribers were covered under COBRA. Most of these subscribers, 88.4 percent, were enrolled under the SHP. Total COBRA enrollment was up 5 percent.

The SHP remains the plan of choice among most subscribers while significant numbers continue to be enrolled in HMOs. ■

1999 Disenrollment from State Plan and HMOs

	Total Disenrollment	Oct. '98 Enrollment	Disenrollment Percentage	Voluntary Disenrollment	Voluntary Disenrollment %
State Health Plan	1,754	184,183	0.95%	1,754	1.0%
Healthsource	1,857	13,309	14.0%	1,857	14.0%
Companion	631	9,433	6.7%	221	2.3%
HMO Blue	947	6,189	15.3%	947	15.3%
Medicare	337	337	100.0%	-	-

Disenrollment (subscribers leaving a particular plan option for another) comes in two ways. First, the plan option no longer may be available in the subscriber's area. Second, a subscriber may opt for another plan, even though the current plan remains available. Leaving a plan under these circumstances is termed "voluntary disenrollment."

Standard Plan Rates Competitive with Other States

The State Health Plan's premium rates proved to be competitive in comparison with other state employee health insurance programs in the nation.

In the survey conducted by the Office of Insurance Services, each state was asked to respond to the following two questions:

(1) *What type of structure does your state use to categorize active employee subscribers into different premium groups? (2-tier, 3-tier or 4-tier); and*

(2) *What are your indemnity plan's rates as of 1/1/99 for each of these different groups? (Please include employer and employee rates.)*

Survey responses were sorted by premium types. The premiums were then sorted by tier.

Since the State Health Plan uses a 4-tier structure (*Employee Only, Employee/Spouse, Employee/Child(ren), and Full Family*), each state's premiums were adjusted to fit into a 4-tier structure for this analysis.

To calculate each state's composite rate, the relative weights derived from South Carolina's actual program enrollment were applied to the tier structures of the other plans. The percentage of employees at each coverage level, as of

October, 1998, was as follows:

Employee Only (E/O):	52.49%
Employee/Spouse (E/S):	10.05%
Employee/Child:	22.38%
Full Family (FF):	15.09%

The following formulas were used depending upon tier structure:

Two-tier:

$(E/O \text{ rate} \times 0.524864) + (FF \text{ rate} \times 0.475136)$

Three-tier:

$(E/O \text{ rate} \times 0.524864) + (\text{Employee \& 1 Dependent rate} \times 0.324261) + (FF \text{ rate} \times 0.150876)$

Four-tier:

$(E/O \text{ rate} \times 0.524864) + (E/S \text{ rate} \times 0.100496) + (E/C \text{ rate} \times 0.223765) + (FF \text{ rate} \times 0.150874)$

South Carolina Results

The SHP's total premium was only 72.7 percent of the national average and ranked 47th out of the 50 state employee health plans. The SHP's total premium was \$248.18 while the national average

was \$341.27.

Among southern states, the SHP's total premium ranked 13th out of 14, comprising 79.4 percent of the \$312.56 southern average.

South Carolina's *employer* premium of \$197.69 ranked 41st nationally and was 71.9 percent of the national average of 274.83. Among southern states, it ranked 10 out of 14 and was 85.8 percent of the southern states average premium \$230.49.

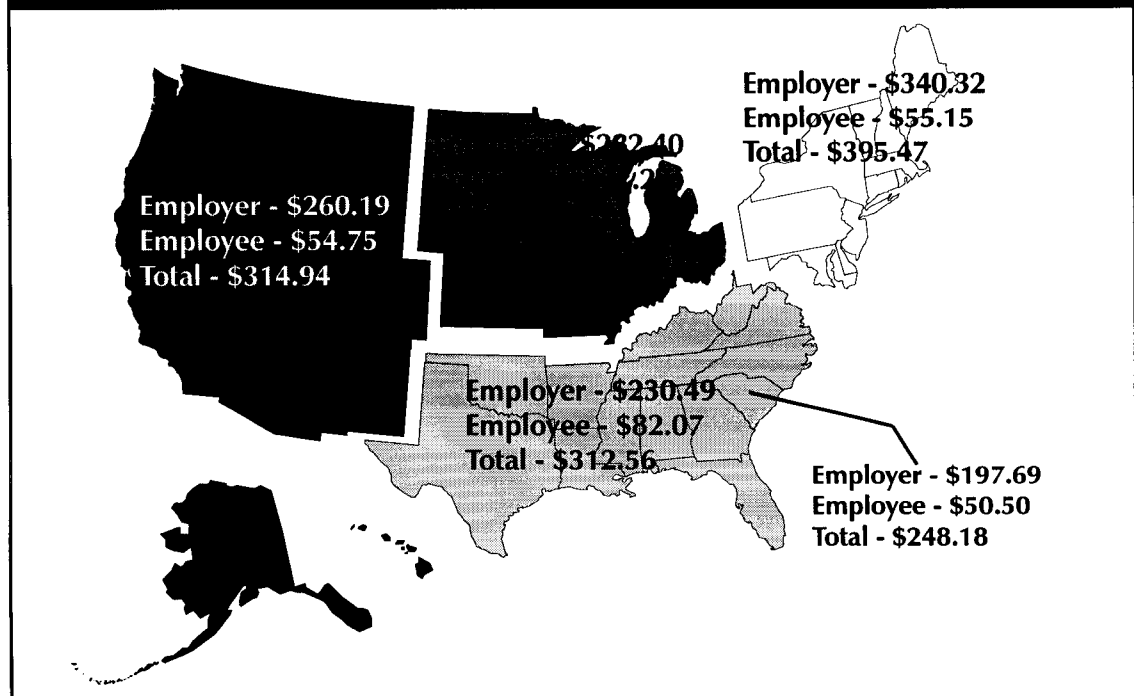
South Carolina's *employee* premium of \$50.50 ranked 32nd nationally (76 percent of the \$66.44 national average) and 13th in the South (61.5 percent of the \$82.07 southern average).

Regional Results

Of the four U.S. regions (North-east, South, Midwest and West), the

Continued on page 10

1998 State Employee Health Plan Composite Premiums for Indemnity Plans, by Regional Averages



Premium Survey

Continued from page 9

Northeast region had the highest regional *total* premium rates. The Northeast region's premium of \$395.47 was 15.9 percent higher than the national average and up 6 percent from 1998.

The Midwest region had the second highest total premium (\$353.62) and the largest percentage increase in *total* premium rates from 1998 (17.1 percent).

The Northeast region had the highest employer premiums with \$340.32. The South region had the lowest regional composite employer rate with \$230.49.

The South region's \$82.07 employee premium rate is the highest regional rate in the nation. The West region had the lowest employee rate with \$54.75

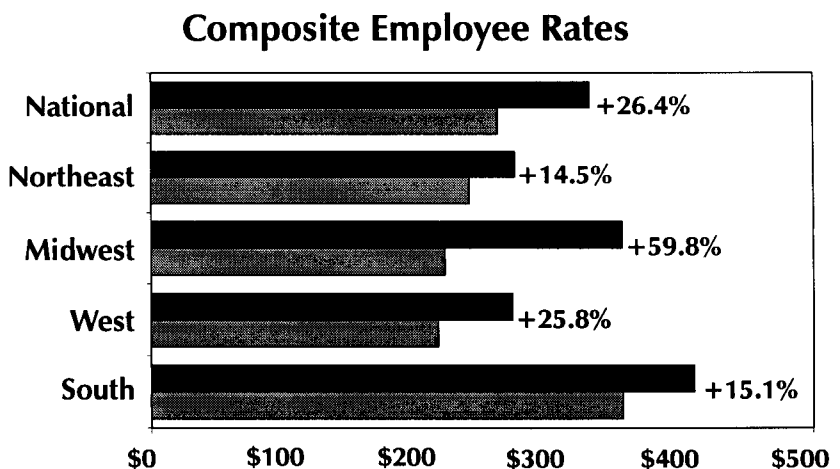
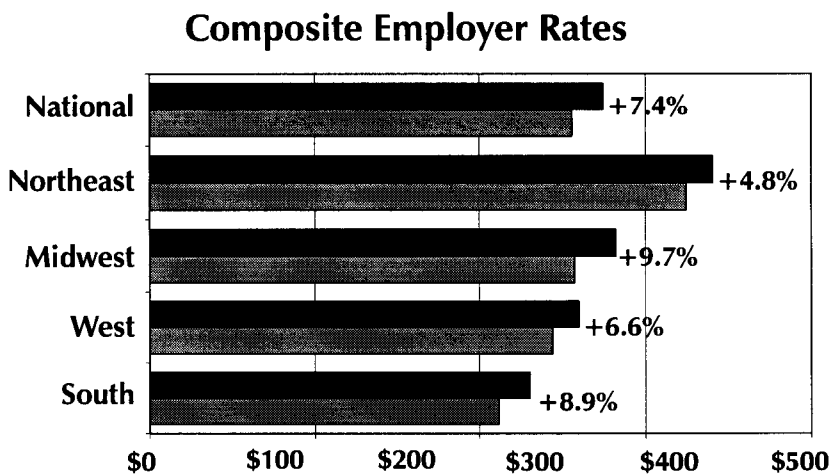
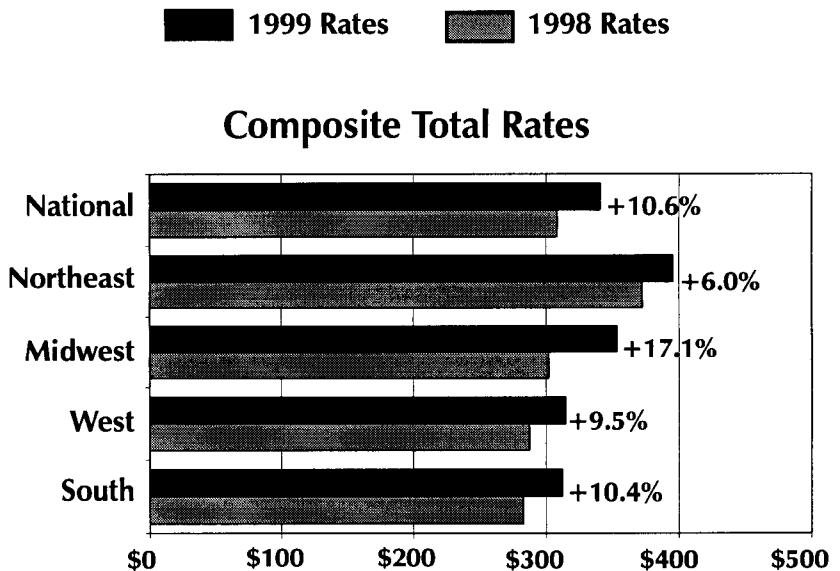
National Trends

Total contributions increased by 10.6 percent from the 1998 levels. In 1999, employee contribution growth (up 26.4 percent from 1998) exceeded employer contribution growth (up 7.4 percent from 1998). However, from 1996 to 1999, employer contributions rose 12.9 percent while employee contributions increased 6.5 percent. Total contributions grew 11.6 percent from 1996 to 1999.

Conclusion

Even with an 18 percent increase in employer contributions, the State Health Plan continues to provide quality health insurance at rates below both national and regional averages. Employee rates have not increased since January 1991. ■

Comparison of 1999 and 1998 Regional Averages for State Employee Indemnity Health Plans



THE PREVENTIVE SERIES PART II:

The Mammography Benefit

Continued from page 1

proves with early detection, tools such as periodic breast exams and mammograms are important.


The State Health Plan (SHP) provides an early detection benefit through the Mammography Testing Program. The program provides coverage for routine, four-view mammograms at 100 percent when performed at participating facilities and eligibility requirements are met. A physician referral is not necessary to utilize the benefit when Plan conditions are met.

The Plan will cover one baseline mammogram between ages 35 and 39. If you are aged 40 through 49, one routine mammogram every other year is covered. One routine mammogram a year is covered for insureds aged 50 through 74. Diagnostic

mammograms are covered under the Plan as are other diagnostic tests and require a physician referral.

The SHP covered 121,347 females age 35 and above in 1998, up 4.9 percent from 1997. Yet, in 1998, the number of mammogram procedures performed declined by 19.4 percent to 20,958 from the 26,000 procedures covered in 1997. The drop in procedures resulted in plan payments declining likewise. Plan payments for these procedures totaled \$1.2 million in 1998 while over \$1.4 million was paid in 1997.

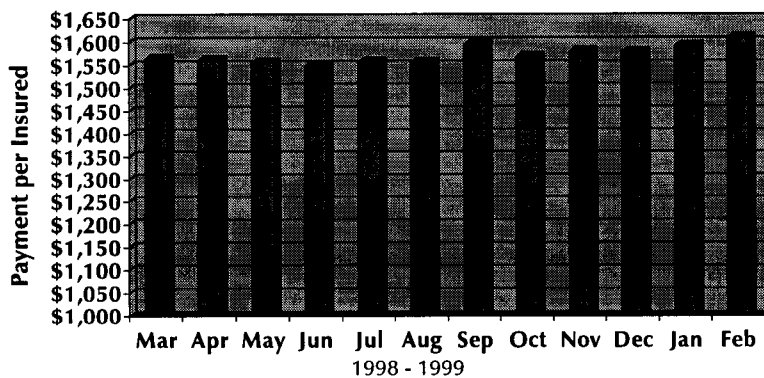
Since 1995, quarterly utilization has peaked in the third quarter (from July - September) of each year. The highest number of procedures over the since 1995 occurred during the third quarter of 1997 when 7,449 procedures were performed.

While accounting for only 0.2 percent of 1998 plan payments, the mammography testing program is an important member of the SHP's family of preventive care benefits. 

Past TRENDS

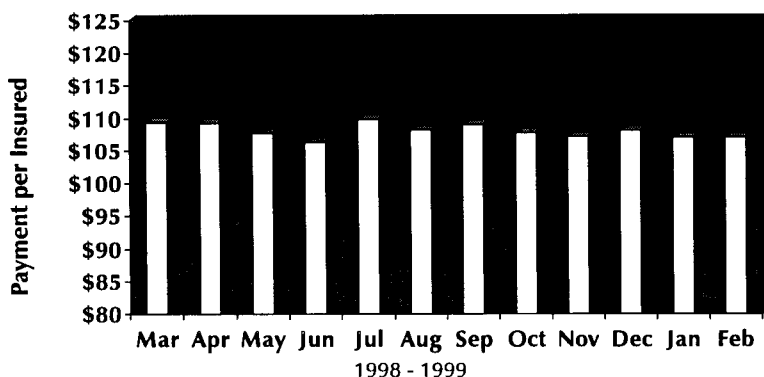
Medical Payments in Prior Year Ending in Month Listed

For example, the March total equals payments made April 1998 - March 1999.



Dental Payments in Prior Year Ending in Month Listed

For example, the March total equals payments made April 1998 - March 1999.



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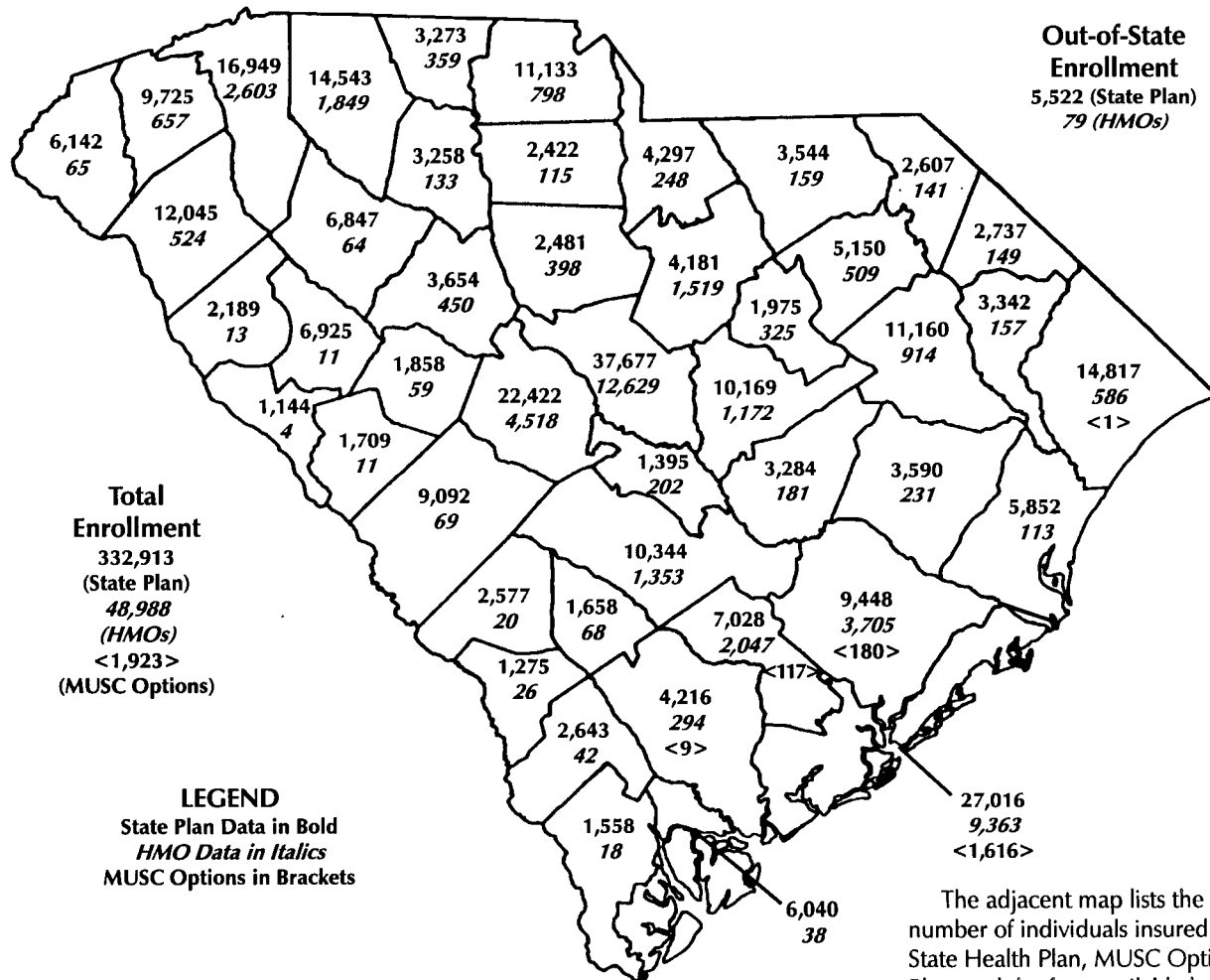
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1999 State Group Enrollment by County



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